

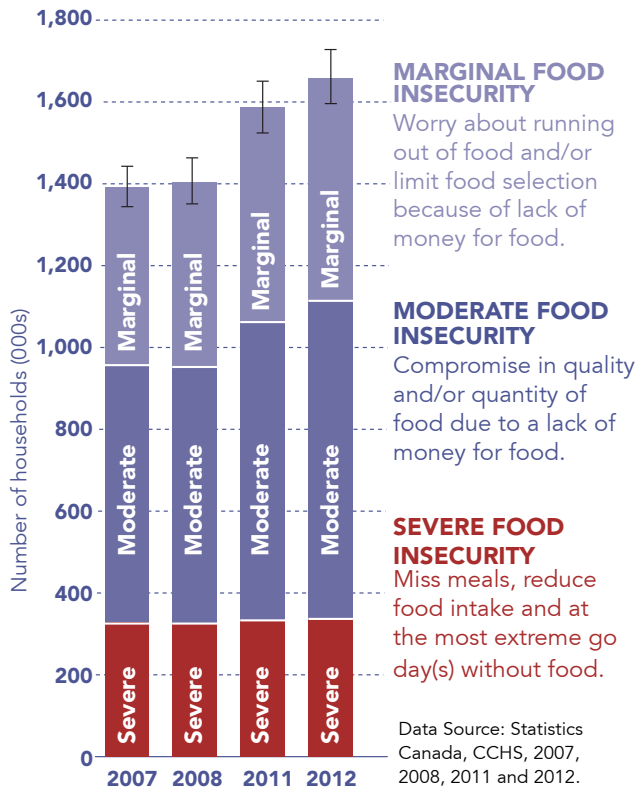


Monitoring Food Insecurity in Canada

Food insecurity - the inadequate or insecure access to food due to financial constraints - is a serious public health problem in Canada. It negatively impacts physical, mental, and social health, and costs our healthcare system considerably.

Statistics Canada began monitoring food insecurity in 2005 through the Canadian Community Health Survey (CCHS). Since then, food insecurity has persisted across Canada, with over 4 million Canadians living in food insecure households.

Household food insecurity in Canada



Data on food insecurity are collected through the Canadian Community Health Survey (CCHS), a cross sectional survey administered by Statistics Canada that collects health-related information from about 60,000 domiciled Canadians per year.

However, the CCHS excludes individuals living on First Nations reserves or Crown Lands, full time members of the Canadian Forces, persons in prisons or care facilities, and the homeless.

Household Food Security Survey Module (HFSSM) on the CCHS consists of 18 questions regarding the presence of food insecure situations in the household over the last 12 months. These situations range from worrying about running out of food to going for whole days without eating, due to inadequate finances.

Depending on the number of positive responses, households are classified as food secure or **marginally**, **moderately**, or **severely** food insecure.

Although the CCHS is conducted every year, some provinces and territories opt out of monitoring food insecurity on the survey cycles (2 years) when the food security survey module is not mandatory.

National estimates are available for the 2007-2008 and 2011-2012 cycles. They will not be available again until the 2017-2018 cycle because **Ontario, Newfoundland and Labrador**, and **Yukon** opted out in 2015 and 2016.

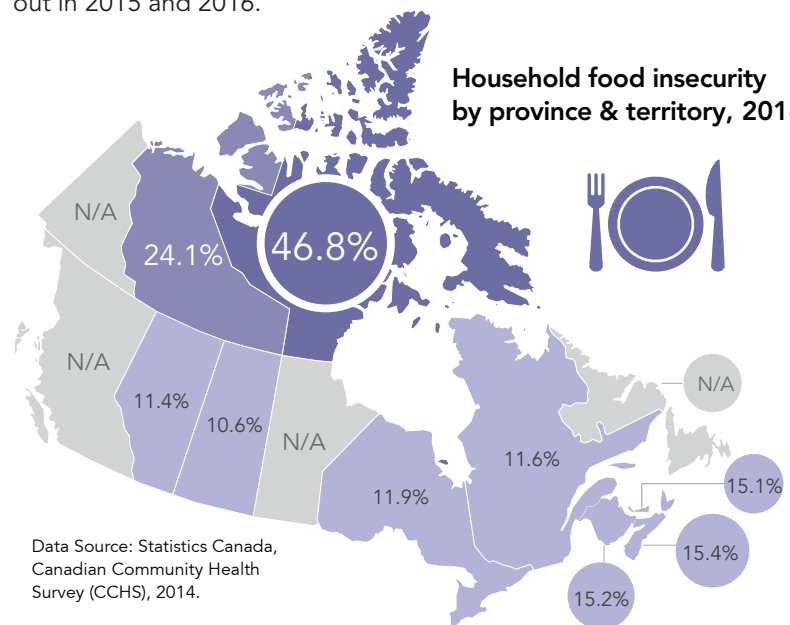
In 2013 and 2014, **Yukon, British Columbia, Manitoba, and Newfoundland and Labrador**, chose not to monitor food insecurity. As a result, there are no national estimates for those years.



Among the provinces and territories surveyed in 2014, there were no significant drops in food insecurity prevalence, and even indications of an upward trend in the already vulnerable North.

The inclusion of the HFSSM on the CCHS enables monitoring of food insecurity. As a serious public health problem, it is crucial that provinces and territories participate in all cycles of measurement.

Household food insecurity by province & territory, 2014



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Food Insecurity and Social Assistance

Food insecurity - the inadequate or insecure access to food due to financial constraints - is a serious public health problem in Canada. It negatively impacts physical, mental, and social health, and costs our healthcare system considerably.

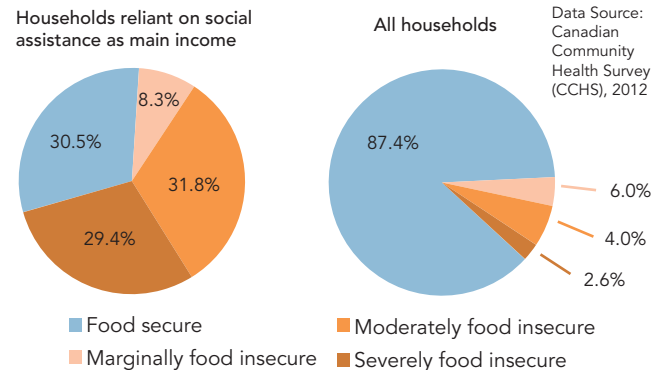
Statistics Canada began monitoring food insecurity in 2005 through the Canadian Community Health Survey (CCHS). Since then, food insecurity has persisted across Canada, with over 4 million Canadians living in food insecure households.

Social assistance programs* vary among provinces and territories, and food insecurity rates among recipients fluctuate from year to year within jurisdictions. However, being on social assistance anywhere in Canada poses an extremely high risk to food insecurity.¹

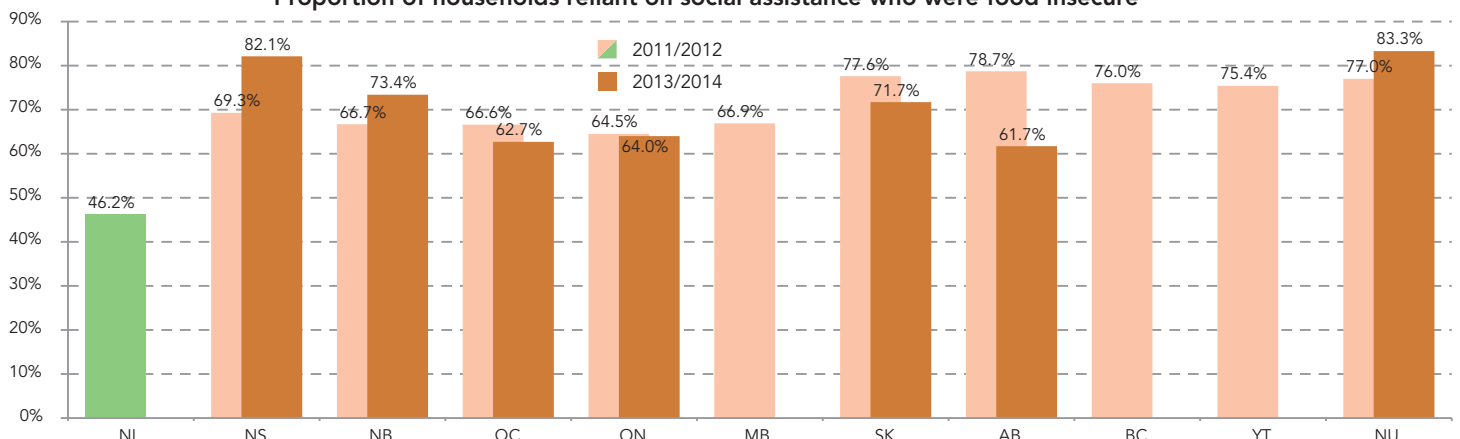
Nearly **one third** of households reliant on social assistance as their main source of income are **severely food insecure**, indicating serious levels of food deprivation. The rate of severe food insecurity among social assistance recipients is **11 times** higher than the rate nationally.¹

The high rates of food insecurity among households reliant on social assistance suggest that these support programs are failing to enable recipients to meet their basic needs.

Food Insecurity in Canada, 2012¹



Proportion of households reliant on social assistance who were food insecure^{1, 2}



Data Source: Canadian Community Health Survey, 2011/2012 and 2013/2014. NL, MB, BC and YT did not participate in the food security module of the 2013 and 2014 CCHS. PE and the NT were excluded due to small sample size.

Prevalence of food insecurity among households in Newfoundland and Labrador reporting any income from social assistance³



The notably lower rate of food insecurity among social assistance recipients in Newfoundland and Labrador is linked to the impact of policy reforms introduced as part of their poverty reduction strategy in 2006.³

Further evidence of the sensitivity of food insecurity among social assistance recipients to policy changes is the temporary drop in rates in British Columbia, following a one-time increase in income support in 2006.⁴

Given the extreme vulnerability of social assistance recipients and the evidence that policy interventions can reduce their food insecurity, provincial and territorial governments need to reform current programs to ensure that recipients can meet their basic needs, tracking food insecurity rates to assess the success of program changes.

*The data available from CCHS do not allow us to differentiate people on disability support programs from those receiving general welfare assistance

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¹ Tarasuk, V, Mitchell, A, Dachner, N. (2014). Household food insecurity in Canada, 2012. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <http://proof.utoronto.ca>

² Tarasuk, V, Mitchell, A, Dachner, N. (2016). Household food insecurity in Canada, 2014. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <http://proof.utoronto.ca>

³ Loopstra, R., Dachner, N., & Tarasuk, V. (2015). An exploration of the unprecedented decline in the prevalence of household food insecurity in Newfoundland and Labrador, 2007-2012. Canadian Public Policy, 41(3), 191-206

⁴ Li, N., Dachner, N., & Tarasuk, V. (2016). The impact of changes in social policies on household food insecurity in British Columbia, 2005-2012. Preventive Medicine, 93, 151-158.



The Spending Patterns of Food Insecure Households

Household food insecurity - the inadequate or insecure access to food due to financial constraints - is a serious public health problem in Canada. It negatively impacts physical, mental, and social health, and costs our health care system considerably.

Statistics Canada began monitoring household food insecurity in 2005 through the Canadian Community Health Survey (CCHS).¹ The most recent national prevalence estimate from 2012 showed that 1 in 8 households in Canada are food insecure. This amounts to over 4 million Canadians, including 1.15 million children, living in homes that struggle to put food on the table.

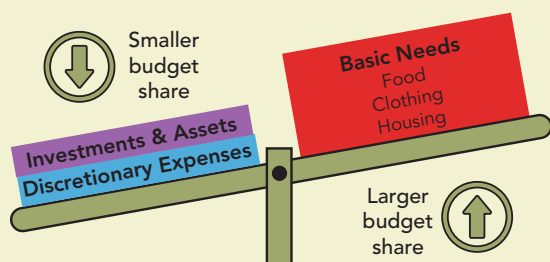
In 2010, food insecurity was measured in the Survey of Household Spending, which collected detailed information on the expenditures of more than 9000 households living in the ten provinces. Analyses of these data show that the spending patterns of food insecure households differ markedly from those of food secure households.²

Food insecure households spend substantially less than food secure households on everything.

As the severity of household food insecurity increases, spending decreases because households have fewer economic resources.

Food insecure households prioritize spending on basic needs above all else.

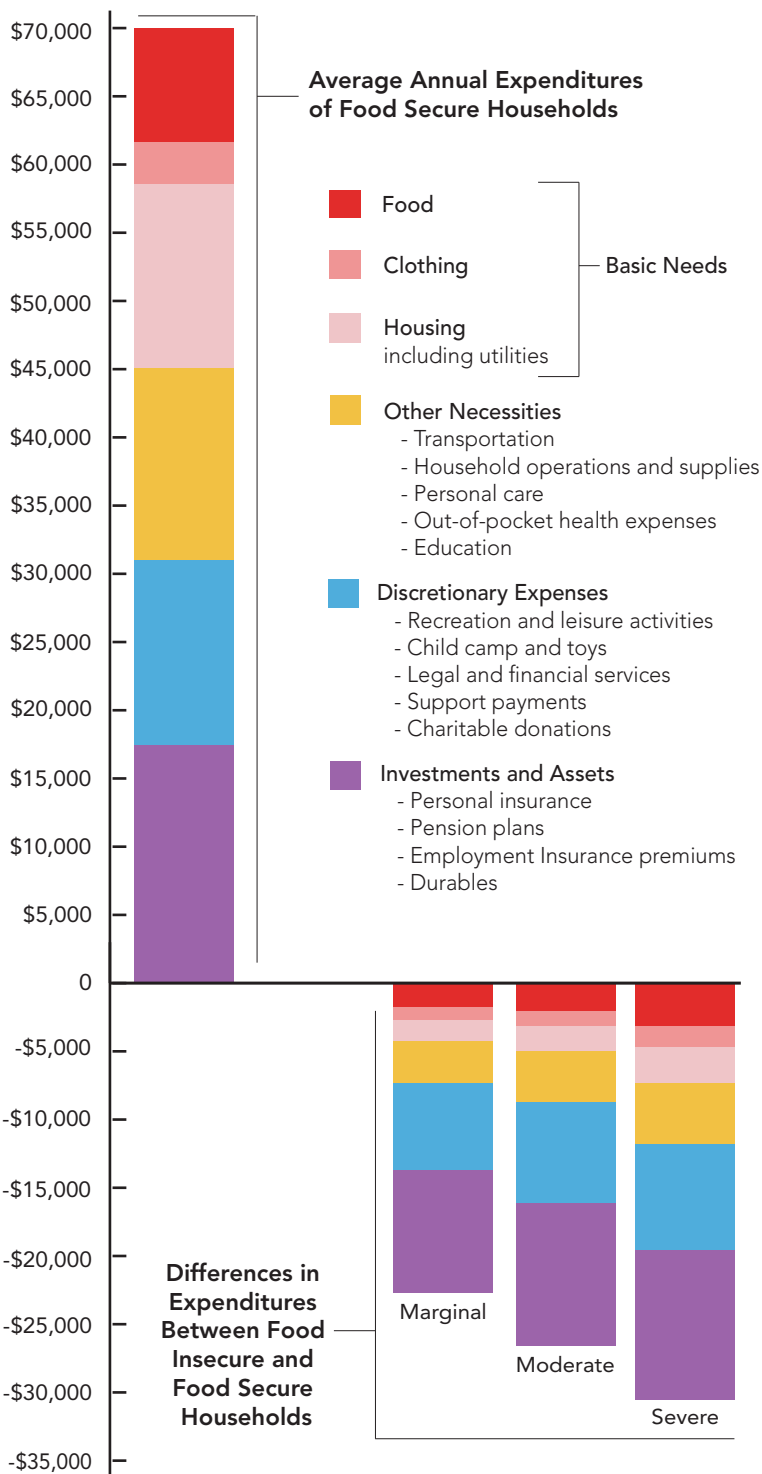
Compared to food secure households, food insecure households spend a larger proportion of their budget on basic needs (food, clothing, and housing). This is achieved by allocating fewer resources to discretionary expenses, investments, and assets.



These findings, together with previous research,³ indicate that given more money, food insecure households will spend more on basic needs. This adds to the growing body of evidence that improving the economic resources of vulnerable households will reduce food insecurity.⁴⁻⁹

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¹ Tarasuk, V., Mitchell, A., Dachner, N. (2014). Household food insecurity in Canada, 2012. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <http://proof.utoronto.ca>.

² Fafard St-Germain, A.A., & Tarasuk, V. (2018). Prioritization of the essentials in the spending patterns of Canadian households experiencing food insecurity. Public Health Nutrition, published online ahead of print.

³ Jones, L.E., Milligan, K.S., & Stabile, M. (2015). Child cash benefits and family expenditures: evidence from the national child benefit. NBER Working Paper no. 21101. Cambridge, MA: National Bureau of Economic Research.

⁴ Loopstra, R. & Tarasuk, V. (2013). Severity of household food insecurity is sensitive to change in household income and employment status among low-income families. Journal of Nutrition, 143, 1316-1323.

⁵ McIntyre, L., Pow, J., & Emery, J.C. (2015). A path analysis of recurrently food-insecure Canadians discerns employment, income, and negative health effects. Journal of Poverty, 19(1), 71-87.

⁶ Loopstra, R., Dachner, N., & Tarasuk, V. (2015). An exploration of the unprecedented decline in the prevalence of household food insecurity in Newfoundland and Labrador, 2007-2012. Canadian Public Policy, 41(3), 191-206.

⁷ Li, N., Dachner, N., & Tarasuk, V. (2016). The impact of changes in social policies on household food insecurity in British Columbia, 2005-2012. Preventive Medicine, 93, 151-158.

⁸ McIntyre, L., Dutton, D.J., Kwok, C. et al. (2016). Reduction of food insecurity among low-income Canadian seniors as a likely impact of a guaranteed annual income. Canadian Public Policy, 42(3), 274-286.

⁹ Ionescu-Iltu, R., Glymour, M.M., & Kaufman, J.S. (2014). A difference-in-differences approach to estimate the effect of income-supplementation on food insecurity. Preventive Medicine, 70, 108-116.



Food Procurement, Food Skills & Food Insecurity

Food insecurity - the inadequate or insecure access to food due to financial constraints - is a serious public health problem, with over 4 million Canadians living in food insecure households. It negatively impacts physical, mental, and social health, and costs our healthcare system considerably.

Statistics Canada began monitoring food insecurity in 2005 through the Canadian Community Health Survey (CCHS). In 2012 and 2013, questions were included on the CCHS to assess the food skills and practices of adults with sample of 10,000 Canadians for each year. This factsheet summarizes the findings from a recent study using that data.¹

Food Purchasing



The vast majority (84%) of adults in food insecure households report shopping with a budget on how much they can spend on food, but only 43% of adults in food secure households say they do this.

The two groups do not differ when it comes to other shopping behaviours, like planning meals before shopping, using a written grocery list, or using Canada's Food Guide.

Food Preparation Skills



Adults in food insecure households do not report having lower food preparation skills than those in food secure households.

In fact, most Canadian adults, regardless of food insecurity status, considered themselves highly skilled at various aspects of food preparation.

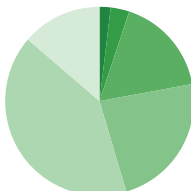
Cooking Ability

The cooking abilities of adults in food insecure households are similar to those in food secure households. In fact, very few Canadian adults, regardless of food insecurity status, report not knowing where to start when it comes to cooking.

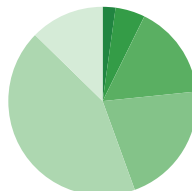


Self-rated cooking ability by household food insecurity status

Food Secure



Food Insecure



- Don't know where to start when it comes to cooking
- Can do things such as boil an egg or cook a grilled cheese sandwich
- Can prepare simple meals but nothing too complicated
- Can cook more dishes if I have a recipe
- Can prepare most dishes
- Frequently prepare sophisticated dishes

Recipe Adjustment

Almost two-thirds of Canadian adults report adjusting recipes to make them healthier by reducing fat, salt, or sugar, and those in food insecure households are not any less likely to do so.



Gardening



Although Canadian adults in food insecure households are less likely to garden for food than those in food secure households, there is no indication that gardening for food protects households from food insecurity.

Reducing Food Insecurity

Canadian adults in food insecure households do not have poorer food skills than those in food secure households. There is no indication that food insecurity is rooted in a lack of food skills or that gardening for food protects households from food insecurity.

While interventions designed to increase food skills and promote gardening for food are important in reaching other public health goals like increasing fruit and vegetable consumption, the findings here suggest that such interventions are unlikely to impact food insecurity rates in Canada.



Children in Food Insecure Households

Food insecurity - the inadequate or insecure access to food due to financial constraints - is a serious public health problem in Canada. It negatively impacts physical, mental, and social health, and costs our healthcare system considerably.

Statistics Canada began monitoring food insecurity in 2005 through the Canadian Community Health Survey (CCHS). Since then, food insecurity has persisted across Canada, with over 4 million Canadians living in food insecure households.



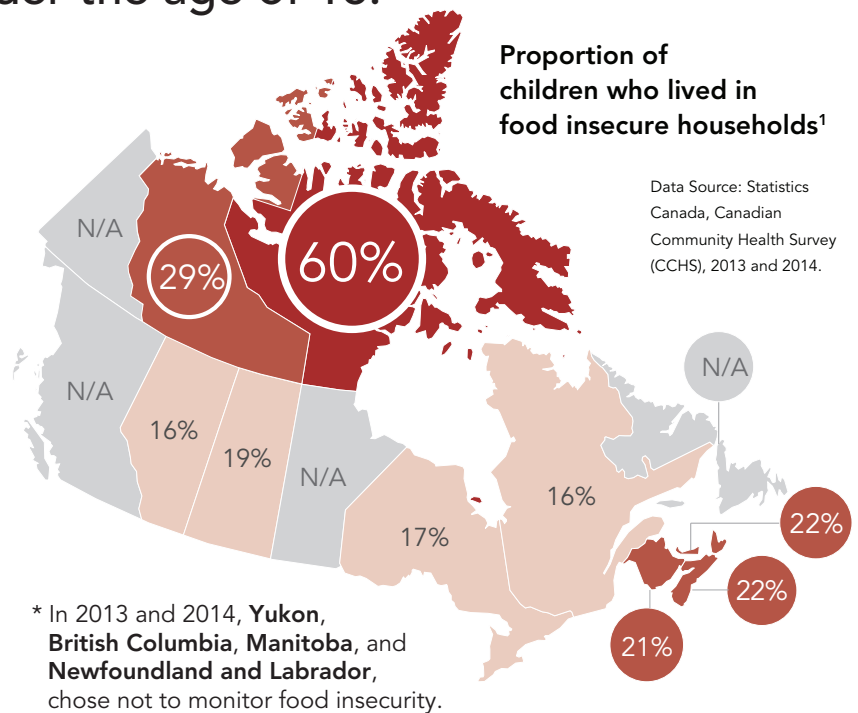
Household food insecurity affects **1 in 6** Canadian children under the age of 18.

Food insecurity is more prevalent among households with children under the age of 18, particularly those headed by single mothers.¹

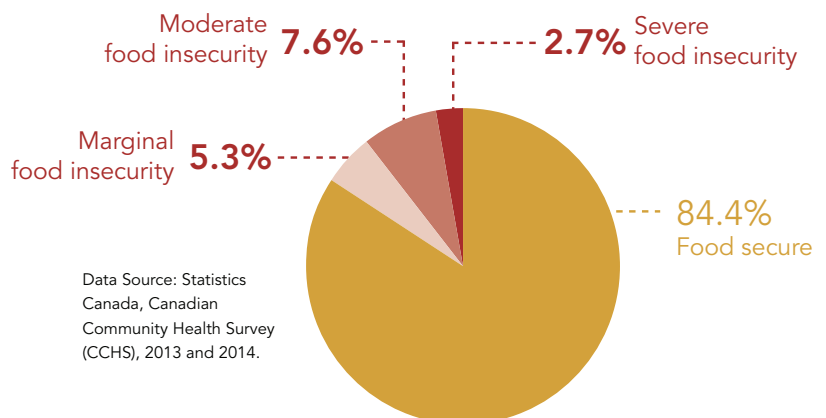
Exposure to severe food insecurity leaves an indelible mark on children's wellbeing, manifesting in greater risks for conditions like asthma, depression, and suicidal ideation in adolescence and early adulthood.^{2,3}

Among the provinces and territories that monitored food insecurity in 2013-2014:

- 17.2% of children lived in households affected by food insecurity.
- Two-thirds of these children were in moderately or severely food insecure households.
- Over half the children living in Nunavut lived in food insecure households, the highest rate in Canada.
- The Northwest Territories had the second highest prevalence of children living in food insecure households at 29%.
- The Maritime provinces, Prince Edward Island, Nova Scotia, and New Brunswick had rates above 20%, meaning more than 1 in 5 children were affected in these provinces.
- The lowest prevalence of children in food-insecure families was found in Quebec and Alberta, both at 16%, but even in these cases, almost 1 in 6 children were affected.



Households with children by household food security status¹



¹ Tarasuk, V, Mitchell, A, Dachner, N. (2016). Household food insecurity in Canada, 2014. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <http://proof.utoronto.ca>

² Kirkpatrick, S. I., McIntyre, L., & Potestio, M. L. (2010). Child hunger and long-term adverse consequences for health. Archives of Pediatrics & Adolescent medicine, 164(8), 754-762.

³ McIntyre, L., Williams, J. V., Lavorato, D. H., & Patten, S. (2013). Depression and suicide ideation in late adolescence and early adulthood are an outcome of child hunger. Journal of Affective Disorders, 150(1), 123-129.

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The Impact of Food Insecurity on Health

Food insecurity - the inadequate or insecure access to food due to financial constraints - is a serious public health problem in Canada. It negatively impacts physical, mental, and social health, and costs our healthcare system considerably.

Statistics Canada began monitoring food insecurity in 2005 through the Canadian Community Health Survey (CCHS). Since then, food insecurity has persisted across Canada, with over 4 million Canadians living in food insecure households.

Food-insecure individuals, both adults and children, are likely to have poorer health.



Food-insecure adults are more vulnerable to chronic conditions, with the risk increasing with the severity of food insecurity.¹

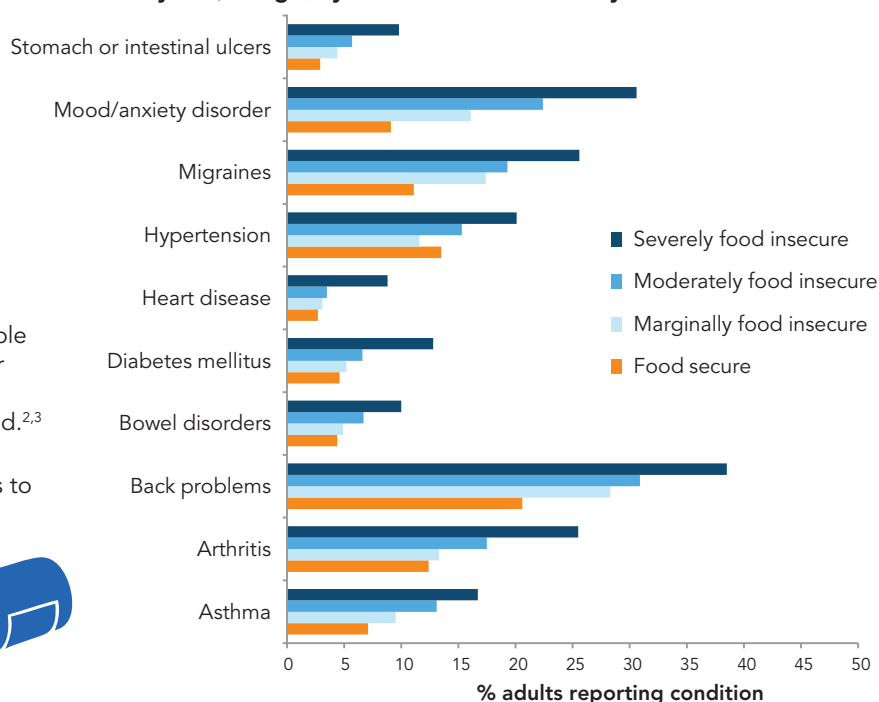
Exposure to severe food insecurity leaves an indelible mark on children's wellbeing, manifesting in greater risks for conditions like asthma, depression, and suicidal ideation in adolescence and early adulthood.^{2,3}

Food insecurity also makes it difficult for individuals to manage existing chronic health problems, such as diabetes and HIV.^{4,5}

Due to scarce resources, food insecure individuals may forego critical expenses like medication.

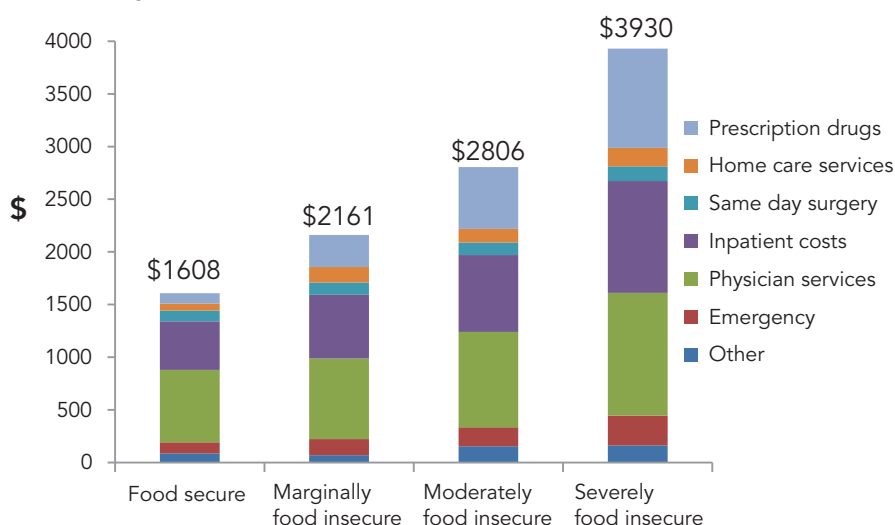


Prevalence of chronic conditions among Canadian adults, (18-64 years) of age, by household food security status⁶



Health care costs

Average health care costs incurred over 12 months by Ontario adults (18-64 years of age), by household food insecurity status⁷



Household food insecurity takes a tremendous toll on the health care system.⁷

After adjusting for other well-established social determinants of health, such as education and income levels, total annual health care costs in Ontario were:

23% higher for adults living in marginally food insecure households than in food secure households

49% higher for adults living in moderately food insecure households than in food secure households

121% higher for adults living in severely food insecure households than in food secure households

These findings imply that addressing food insecurity through targeted policy interventions would reduce the associated health care costs and improve overall health.

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¹ Vozoris, N. T., & Tarasuk, V. S. (2003). Household food insufficiency is associated with poorer health. *J Nutr*, 133(1), 120-126.

² Kirkpatrick, S. I., McIntyre, L., & Potestio, M. L. (2010). Child hunger and long-term adverse consequences for health. *Arch Pediatr Adolesc Med*, 164(8), 754-762.

³ McIntyre, L., Williams, J. V., Lavorato, D. H., & Patten, S. (2013). Depression and suicide ideation in late adolescence and early adulthood are an outcome of child hunger. *J Affect Disorders*, 150(1), 123-129.

⁴ Chan J, DeMelo M, Gingras J, Gucciardi E. Challenges of Diabetes Self-Management in Adults Affected by Food Insecurity in a Large Urban Centre of Ontario, Canada. *Int J Endocrinol*. 2009; 32(12): 2218-2224

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⁶ Tarasuk V, Mitchell A, McLaren L & McIntyre L. (2013) Chronic physical and mental health conditions among adults may increase vulnerability to household food insecurity. *J Nutr*. 143(11), 1785-93

⁷ Tarasuk, V., Cheng, J., de Oliveira, C., Dachner, N., Gundersen, C., & Kuryak, P. (2015). Association between household food insecurity and annual health care costs. *Can Med Assoc J*. 187(14), E429-E436.



Food Insecurity and Mental Health

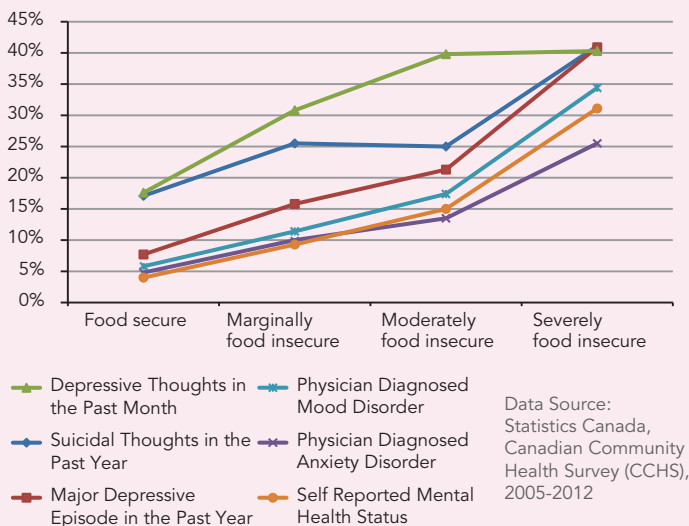
Household food insecurity - the inadequate or insecure access to food due to financial constraints - is a serious public health problem in Canada. It negatively impacts physical, mental, and social health, and costs our health care system considerably.

Statistics Canada began monitoring household food insecurity in 2005 through the Canadian Community Health Survey (CCHS). Since then, it has persisted across Canada. From the most recent national estimate, 1 in 8 households in Canada is food insecure, amounting to over 4 million Canadians, including 1.15 million children, living in homes that struggle to put food on the table.

Household food insecurity is strongly related to mental health. Canadians living in food insecure households are at greater risk of poor mental health than those living in food secure households and this risk increases with the severity of food insecurity.^{1,2} The health consequences of food insecurity take a large toll on our health care system.^{3,4}

Adults living in food insecure households are more likely to experience a wide range of adverse mental health outcomes, compared to those living in food secure households.²

Adverse mental health outcomes reported by Canadian adults (18-64 years of age), by household food insecurity status²



For children, living in a food insecure household is associated with childhood mental health problems like hyperactivity and inattention.⁵

Experiences of hunger during childhood have a serious and lasting impact on mental health, manifesting in greater risks of depression and suicidal ideation in adolescence and early adulthood.^{6,7}

The co-existence of food insecurity and mental health problems is highly detrimental. Food insecurity makes it difficult for individuals to manage chronic mental health problems, while mental illness can impede their ability to become food secure.⁸

Food insecurity can be reduced through public policies that improve the financial circumstances of low-income households, such as increased social assistance benefits or guaranteed annual income like the public pensions afforded to seniors.^{9,10}

Research has shown that receiving a guaranteed annual income can alleviate mental health problems and the burden on our healthcare system.^{11,12} An evaluation of Mincome, the guaranteed annual income project in Manitoba during the 1970s, found decreased mental health care utilization following its implementation.¹²

Evidence from Ontario shows that adults living in food insecure households put a large burden on mental health care services.⁴



While **1 in 8** households in Ontario is food insecure, adults living in food insecure households account for more than **1 in 3** hospitalizations due to mental health problems.

More severe food insecurity is associated with higher odds of mental health care service utilization and this relationship remains even after accounting for prior care for mental health reasons.

Household food insecurity among Ontario adults (18-64 years of age)⁴



Ontario adults (18-64 years of age)

Mental health care service use over 12 months by Ontario adults (18-64 years of age), by household food insecurity status⁴



Primary care visit



Outpatient psychiatry visit



Emergency department visit



Hospitalization

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Food secure Marginally food insecure Moderately food insecure Severely food insecure

Data Source: Statistics Canada, Canadian Community Health Survey (CCHS), 2005-2012

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¹ Tarasuk V, Mitchell A, McLaren L, McIntyre L. Chronic physical and mental health conditions among adults may increase vulnerability to household food insecurity. *J Nutr*. 2013;143(11):1785-93.²

² Jessiman-Perreault G, McIntyre L. The household food insecurity gradient and potential reductions in adverse population mental health outcomes in Canadian adults. *SSM - Population Health*. 2017;3:464-72.

³ Tarasuk V, Cheng J, de Oliveira C, Dachner N, Gundersen C, & Kurdyak P. The association between household food insecurity and annual health care costs. *Can Med Assoc J*. 187(14), E429-E436.

⁴ Tarasuk V, Cheng J, Gundersen C, de Oliveira C, Kurdyak P. The relation between food insecurity and mental health care service utilization in Ontario. *Can J Psychiatry*. 2018. DOI: 10.1177/0706743717752879

⁵ Melchior M, Chastang J, Falissard B, Galera C, Tremblay R, Cote S, et al. Food insecurity and children's mental health: a prospective birth cohort study. *PLoS One*. 2012;7(12):e52615.

⁶ McIntyre L, Williams J, Lavorato D, Patten S. Depression and suicide ideation in late adolescence and early adulthood are an outcome of child hunger. *J Affect Disord*. 2012;150(1):123-9.

⁷ McIntyre L, Wu X, Kwok C, Patten S. The pervasive effect of youth self-report of hunger on depression over 6 years of follow up. *Soc Psychiatry Psychiatr Epidemiol*. 2017;52:537-47

⁸ Lent M, Petrovic L, Swanson J, Olson C. Maternal mental health and the persistence of food insecurity in poor rural families. *J Health Care Poor Underserved*. 2009;20(3):645-661.

⁹ Loopstra R, Dachner N, & Tarasuk V. (2015). An exploration of the unprecedented decline in the prevalence of household food insecurity in Newfoundland and Labrador, 2007-2012. *Canadian Public Policy*, 41(3), 191-206

¹⁰ McIntyre L, Dutton D, Kwok C, Emery J. Reduction of food insecurity in low-income Canadian seniors as a likely impact of a Guaranteed Annual Income. *Can Pub Pol*. 2016;42(3)

¹¹ McIntyre L, Kwok C, Emery J, Dutton DJ. Impact of a guaranteed annual income program on Canadian seniors' physical, mental and functional health. *Can J Public Health*. 2016;107(2):e176.

¹² Forget E. The town with no poverty: the health effects of a Canadian guaranteed annual income field experiment. *Can Pub Po*. 2011;37(3):283-305



Public Policy and Food Insecurity

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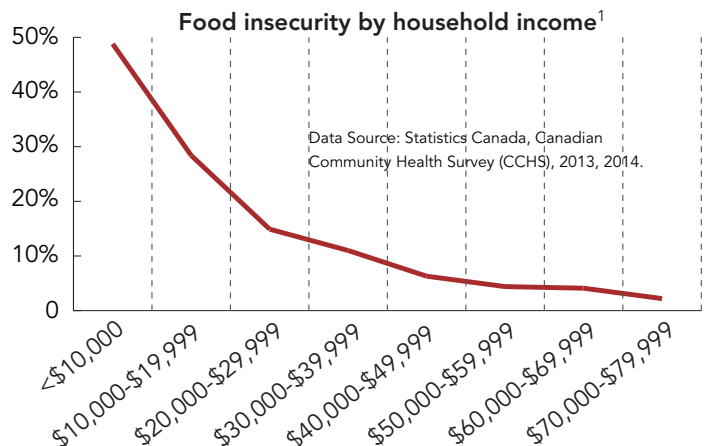
Statistics Canada began monitoring food insecurity in 2005 through the Canadian Community Health Survey (CCHS). Since then, food insecurity has persisted across Canada, with over 4 million Canadians living in food insecure households



Despite discussions and initiatives in some jurisdictions, the reduction of food insecurity rates has not been an explicit goal of public policies in Canada.

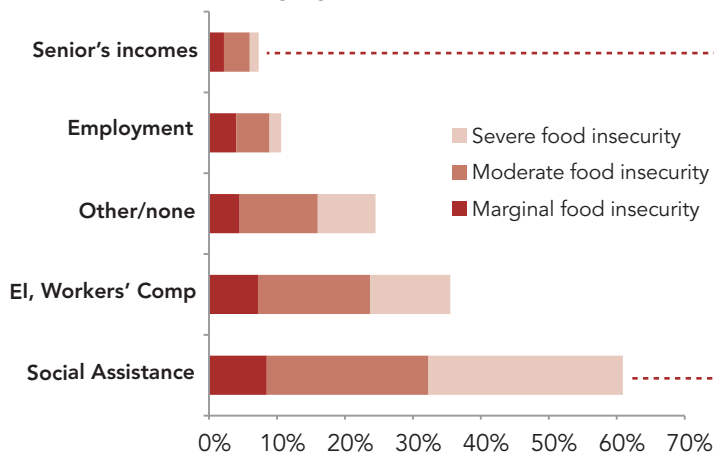
Food insecurity is rooted in material deprivation, with low income being the strongest predictor.

Research has demonstrated reductions in food insecurity where social policies have improved the material circumstances of vulnerable households.



The impact of social policy on food insecurity

Food insecurity by main source of income, 2014¹



Data Source: Statistics Canada, Canadian Community Health Survey (CCHS), 2014.

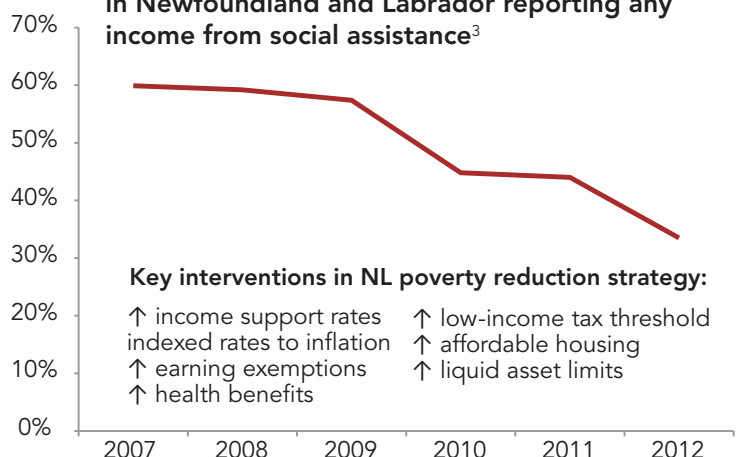
The low rate of food insecurity among Canadian seniors reflects the protection afforded by the guaranteed annual income they receive. Extending a guaranteed income to all Canadians through a policy like Basic Income could be an effective way to reduce food insecurity across the country.²

Being on social assistance in Canada poses an extremely high risk to food insecurity. Social assistance recipients are more likely than not to be food insecure, suggesting that these programs are not designed in ways that enable recipients to meet their basic needs.¹

While many provinces have enacted poverty reduction strategies, Newfoundland and Labrador stands out as a key example of how policy interventions can reduce food insecurity in low income households by improving their material circumstances.

Food insecurity among social assistance recipients in that province dropped by almost half between 2007 and 2012, following the rollout of a new poverty reduction strategy in 2006 that tackled the depth of poverty through interventions like increasing income support rates and indexing rates to inflation.

Prevalence of food insecurity among households in Newfoundland and Labrador reporting any income from social assistance³



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² Emery, J. C., Fleisch, V., & McIntyre, L. (2013). How a guaranteed annual income could put food banks out of business. SPP Research Paper, (6-37).

³ Loopstra, R., Dachner, N., & Tarasuk, V. (2015). An exploration of the unprecedented decline in the prevalence of household food insecurity in Newfoundland and Labrador, 2007-2012. Canadian Public Policy, 41(3), 191-206